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Bib Data Sheet

CONFIRMATION NO. 6638

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/661,410 | <b>FILING OR 371(c)<br/>DATE</b><br>09/12/2003<br><b>RULE</b> | <b>CLASS</b><br>623 | <b>GROUP ART UNIT</b><br>3738 | <b>ATTORNEY<br/>DOCKET NO.</b><br>27541 |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 10/341,701 01/14/2003 PAT 7,025,783 which claims benefit of 60/348,705 01/14/2002  
 and claims benefit of 60/372,309 04/12/2002 *✱*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None ✱*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 01/16/2004**

|  |  |                                   |                                |                               |                                    |
|--|--|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br><i>Allowance</i><br><i>Examiner's Signature</i> <i>Initials</i> | <b>STATE OR<br/>COUNTRY</b><br>CA | <b>SHEETS<br/>DRAWING</b><br>3 | <b>TOTAL<br/>CLAIMS</b><br>31 | <b>INDEPENDENT<br/>CLAIMS</b><br>3 |
|--|--|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|

**ADDRESS**  
33357

**TITLE**  
MULTI-MECHANISTIC ACCOMMODATING INTRAOCULAR LENSES

|  |   |   |
|--|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>2898 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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